WHITE PERMANENT WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCT 20 1933

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

30581

1. PLACE OF DEATH

84 County Polk — Registration District No. 703 — File No. 1

Township Johnson — Primary Registration District No. 5932 — Registered No. 59

City Humansville (No. ..... St. ..... Ward)

2. FULL NAME Anna Mary Wood

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: M. T. Wood

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 19, 1843

7. AGE: YEARS 89 — MONTHS 11 — DAYS 5 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

FATHER

13. NAME: Wm. A Roelofson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

MOTHER

15. MAIDEN NAME: Eliza McCurdy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Penn

17. INFORMANT (ADDRESS): Miss Lillia Wood, Humansville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Clinton, Mo. DATE Sept. 28, 1933

19. UNDERTAKER (ADDRESS): Ralph A. Joseph, Humansville, Mo.

20. FILED Oct 1, 1933 Mrs R. C. Nevins, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept. 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1931, to Sept 24, 1933

I last saw him alive on Sept 24, 1933 Death is said to have occurred on the date stated above, at 90 m.

The principal cause of death and related causes of importance were as follows:

Intestinal Flu — Date of onset: 3 days

11P

11B

Other contributory causes of importance:

Name of operation: none — Date of: —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) R C Nevins, M. D.

(Address) Humansville Mo